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Application Number	10/600,118			
Filling Date	06/20/2003 William W. Cimino Precision Fluid Delivery System			
First Named Inventor				
Title				
Art Unit	3763			
Examiner Name	Laura A. Bouchelle			
Attorney Docket Number	40800.0019US01			

I hereby revoke all previous powers of attorney given in the above-identified application.						
A Power of Attorney is submitted herewith.						
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I am the:  Applicant/Inventor.  OR  Assignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on						
SIGNATURE of Applicant or Assignee of Record						
Signature	MAROM		Date	Jun 27 2012		
Name	Mark Schafer		Telephone	2078725602		
Title and Company Chief Technology Officer, Sound Surgical Technologies LLC						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.						
*Total of1 forms are submitted.						

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.